



COMMONWEALTH of VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

600 East Broad Street, Suite 1300
Richmond, VA 23219

August 4, 2017

ADDENDUM No. 1 TO VENDORS:

Reference Request for Proposal: RFP 2017-03

Dated: July 17, 2017

Due: September 8, 2017

Below are updates that may delete, add, modify or clarify certain aspects of the aforementioned RFP.
Please incorporate as necessary.

Page 32, Section 2.1 Definitions

CHANGE: Section 2.1 has been changed per the following:

Add definition of Rate Book

Rate Book - a detailed description of the methodology used for calculating capitation rates.

Page 121, Section 10.2 Proposal Evaluation Criteria

Add evaluation weights

PROPOSAL EVALUATION CRITERIA		WEIGHTS
1. QUALIFICATIONS		20%
a) Corporate qualifications and experience to serve as a Contractor for the MEDALLION 4.0 Medicaid/FAMIS Managed Care Program, including experience as a Medicaid contracted health plan.		
b) Demonstration in the written proposal of the Offeror’s experience and capacity to provide all administrative requirements as they apply to the operation of a health plan for the Medicaid populations specified in the RFP, including but not limited to staffing, provider network and relations management, quality, compliance, etc.		
2. TECHNICAL REQUIREMENTS		70%
The following requirements as demonstrated in the written proposal of the Offeror’s experience and strategies or innovations as a Medicaid contracted health plan to:		
a) Provide services to the populations specified in the RFP, particularly experience with women, pregnant women, infants, children, and children/youth with special health care needs.		
b) Improve the efficiency and effectiveness of strategies, policies and procedures in order to positively impact		

the populations specified in the RFP, including integration of primary, acute, and behavioral health, and needs of the Medicaid/FAMIS population.	
c) Develop strategic innovation priorities that address value-based payment designs, delivery system innovations, or payment innovations.	
d) Develop programs that recognize the importance of social determinants of health.	
e) Fulfill the State's requirements for information management and data interfaces and any prior experience/qualifications in meeting similar data interface requirements.	
f) Be good corporate citizens, investments in each region/community, and processes for regional community engagement/social responsibility activities.	
g) Outreach to and promote the delivery of services in a culturally competent manner, including interpretive services, to support all members including those with limited English proficiency and diverse cultural and ethnic backgrounds.	
h) Develop regional provider network management systems to ensure network adequacy standards, access standards, and an ethnically diverse provider network that provides the highest quality care to members.	
i) Develop an overall strategy for quality improvement with regional variation for program improvement purposes and to assess the program's overall impact on various outcomes.	
j) Develop regional, coordinated patient care systems and supports for all members	
k) Develop operational infrastructure to effectively and efficiently manage all aspects of the program.	
3. REFERENCES	
a) References that demonstrate the Offeror's Medicaid experience with the following: value-driven care, care transitions, value-based payments design and implementation, integration of behavioral health and acute care, and social determinants of health, and needs of the Medicaid population. DMAS will not accept DMAS employees as references.	<u>10%</u>
b) References from stakeholders	

Page 123, Section 10.4 Negotiation and Award

CHANGE: Section 10.4 has been changed per the following:

After the due date and time of proposal submission, the proposals received in response to the RFP will be screened to ensure compliance with Section 10.1, Evaluation of Minimum Requirements. Evaluators may request further information from Offerors to help determine those fully qualified and best suited. Offerors will be selected based on the strength of its proposals in accordance with the Evaluation Criteria found in Section 10.2, and three (3) or more of the top ranked Offerors for each region will then be selected for negotiations.

During negotiations, the selected Offerors will go through an extensive readiness review process conducted by DMAS or its designee to evaluate each Offeror's ability to comply with the MEDALLION 4.0 readiness requirements. At a minimum, each readiness review may include a desk review and a site visit to the Offeror's business operations location(s). The Offeror must demonstrate compliance to the readiness review and that the Offeror is ready and able to meet all MEDALLION 4.0 requirements identified in the readiness review prior to the contract execution. In addition, the Offeror must provide DMAS or its designee with any corrected materials requested as part of the readiness review. During readiness review, the Offeror will be provided with ~~a draft rate book and Contract for consideration. Through this process, the MEDALLION 4.0 capitation rates will be finalized. the actuarially sound draft Rate Book and Contract for consideration. Through the rate setting and contract negotiation process, the MEDALLION 4.0 capitation rates and Contract will be finalized. If an Offeror rejects the final negotiated Contract and/or rate, there will be no award to that Offeror.~~

Upon completion of all negotiations, DMAS shall select the Offeror(s), which in its opinion ~~have made the best proposal, demonstrates best value to the Commonwealth, as determined by an Offeror's~~

technical abilities, its successful readiness review and agreement with the final MEDALLION 4.0 capitation rates and contract, and shall award contracts to those Offeror(s). DMAS anticipates that it will select no fewer than three (3) Offerors per region.

Once this determination is finalized, DMAS will post a Notice of Intent to Award (NOIA) to announce the Offerors selected to execute MEDALLION 4.0 Contracts. DMAS reserves the right to award contracts to all, or a subset of, the Offerors.

VENDOR QUESTIONS AND ANSWERS

RFP 2017-03

MEDALLION 4.0

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
SECTION 1.0 INTRODUCTION			
1.6 Technical Requirements	1	The RFP defines “Contractor” as “A managed care organization selected and contracted with DMAS to participate in the MEDALLION 4.0 program.” The RFP defines “Offeror” as “Unless otherwise stated, the entity that is offering a proposal in response to this RFP.” Section 1.6 states: Offerors must respond to all technical requirements. Given the RFP definitions of Offeror and Contractor, can DMAS clarify if Offerors are expected to provide individual responses to each technical requirement in section 1.9, sections 3 through 8, and section 10.5, including requirements addressed to the “Contractor” or “Contractors” as well as those addressed to “the Offeror” or “Offerors?”	Offerors, in response to this RFP, shall provide responses to all technical requirements that are addressed to the “Offeror”. Offerors shall provide, as part of the RFP response, assurances to comply with all provisions required of the “Contractor” should a contract be awarded.
	2	Section 9.5 lists section 1.6 as requiring a response, but no page limit is listed in Section 9.6. Will the Commonwealth please confirm that a response is required for section 1.6, and if so, will the Commonwealth please clarify as to what information the Offeror is required to submit in response as well as the page limit?	While the Offeror does not need to submit a specific response to Section 1.6, Offerors shall provide detailed and succinct narratives for how it will define and perform each of the required tasks listed in this RFP, as well as additional details listed in Section 1.6. It is not sufficient to simply state that the requirements will be met.
	3	RFP Section 1.6 states “Offerors must... provide all applicable documentation requested in the RFP.” Given the differences between RFP definitions of “Contractor” and “Offeror,” please confirm that this refers only to documentation requested in the RFP from the “Offeror” and that documentation referenced in the RFP required from the “Contractor” (such as a copy of the Contractor’s BC/DR plan [RFP Section 7.4.1]) is not required or expected in response to the RFP.	See response to Question 1
	4	Please confirm whether the Commonwealth intends to release the MEDALLION 4.0 Contract referenced in Section 1.6, Technical Requirements.	The draft MEDALLION 4.0 Contract will be provided to those selected Offerors during negotiations/readiness review as indicated in Section 10.4.
1.7 Medallion 4.0 Program	5	The FAMIS population includes the CHIP population which can be affected by federal legislative changes. Please describe how the Commonwealth anticipates that federal legislation regarding the CHIP population may affect provisions of this RFP in terms of potential population exclusions or changes in the number of MCOs targeted per region, if any.	If the CHIP is not reauthorized, the Commonwealth will need to consider different options that may be discussed during the upcoming general assembly session. Offerors/Contractors should be prepared to meet any new provisions to CHIP that may result.

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
1.9.4 Medicaid Enterprise System	6	Regarding the sentence: "These transactions may include, but are not limited to the 837P, 834, 820, 835 and 270/271 real-time and batch." We assume the transactions will also include 837I and NCPDP D.O. Are we correct in our assumption? If not, please clarify.	Yes
1.9.6.1 School Based Services	7	To best understand DMAS' needs and concerns, what objective does the Commonwealth seek to achieve by carving School Based Clinics into Medallion 4.0?	School based service is an optional service. In our quest to move to a fully integrated managed care state, this is an option to be considered. There is at least one state that has done this successfully.
1.9.6.2 Optional Services Dental	8	How will dental benefits be handled? Through a TPA or contracted directly with the MCO?	Currently we use a TPA, DentaQuest and that contract is operational through June 30, 2019. Multiple states have integrated this service into their MCO contract and we are considering options for 2019 and beyond.
SECTION 2.0 DEFINITIONS			
2.1 Definitions	9	Please confirm the definition of "Subcontractor" includes only those entities performing key delegated responsibilities such as care management, care coordination, utilization review, claims processing, credentialing, call center services, and benefits management services (e.g., dental, pharmacy, and vision benefits managers) and that it does not include more ancillary administrative functions such as those performing production of ID cards, printing, or postage services, for example.	Yes, Subcontractor includes those services essential to health plan operation. However, the Department reserves the right to request other subcontracts upon request.
	10	Please explain the difference between "Care Coordination" and "Case Management" as the terms relate to required services in Medallion 4.0.	DMAS considers case management to be more intensive and focused than care coordination. Please note the addition of care coordination to Section 4.2.1 bullet 2 shall read "Increase case management and care coordination"
SECTION 3.0 ADMINISTRATIVE REQUIREMENTS			
3.2.1 Licensure & Financial Participation Requirements	11	Please confirm that if the Offeror has a current license but has not had a license for the entire past 3 years, the Offeror should submit those quarterly and annuals filings that have been submitted to the BOI and independently audited financials for the remaining time period.	Yes, the Offeror shall submit those quarterly and annuals filings that have been submitted to the BOI and independently audited financials for the remaining time period.
	12	Can DMAS confirm that the quarterly and yearly filings with the BOI are exempted from page limits for this section?	Confirmed. These documents are exempted as noted in the Guidance on Page Limits in Section 9.6.

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
3.2.2 Certification	13	An Offeror not currently licensed in Virginia is required to submit a copy of its application for service area approval with its proposal. These applications can be quite lengthy. May an Offeror instead present evidence of having submitted the application? If not, please confirm the application would be excluded from the page limit requirement for section 3.2, which is only 10 pages (see table in section 9.6, page 117).	Yes, the Department requires the entire application, however the application is not subject to the page limits as noted in the Guidance on page Limits in Section 9.6
	14	To follow up on the previous question, if an Offeror is required to submit a copy of its application rather than evidence of submission may the Offeror omit the policies, procedures and other attachments it is required to submit to the Managed Care Health Insurance Plan unit in support of the application?	Yes, the Offeror may omit the policies, procedures and other attachments it is required to submit to the Managed Care Health Insurance Plan Unit, however the Offeror must submit the letter of MCHIP approval or a copy of its application for service area approval with the proposal and the service area approval and certificate prior to MEDALLION 4.0 contract signing (if selected).
3.2.3 NCQA Accreditation	15	RFP Section 3.2.3 states: Offerors accredited by NCQA for the Virginia Medicaid line of business at the time of proposal submission shall submit verification and its most NCQA accreditation level in response to this RFP. Will the Commonwealth please confirm if the word “recent” is missing between “most” and “NCQA” in this portion of requirement text?	Confirmed. The sentence shall read: Offerors accredited by NCQA for the Virginia Medicaid line of business at the time of proposal submission shall submit verification and its most <u>recent</u> NCQA accreditation level in response to this RFP.
	16	RFP section 3.2.3 states: Offerors not accredited by NCQA for the Virginia Medicaid line of business shall submit a plan and timeline indicating how it shall obtain accreditation for the Virginia Medicaid line of business and shall submit verification of NCQA accreditation and most recent NCQA accreditation level for a Medicaid line of business in another state Medicaid program similar in scope to this RFP. Will the accreditation letter suffice to verify accreditation?	In this situation, Offerors are required to submit the accreditation letter as well as the comprehensive plan as required in Section 3.2.3
	17	Section 3.2.3 of the RFP requires information on the offeror's NCQA accreditation. Required documents submitted by current VA NCQA accredited plans are excluded from the page limit requirements; however, required submissions for plans that are not VA NCQA accredited at the time of submission are not excluded from the page limit. Please confirm that the required submission of a plan and timeline indicating how offerors not accredited by NCQA for the VA Medicaid line of business is excluded from the page limit in this section.	Offerors not accredited by NCQA for VA must submit all documentation required under Section 3.2.3, however this requirement will be exempt from page limits as outlined in Section 9.6.
	18	Is NCQA accreditation the only acceptable form of accreditation permitted? For example, our agency is currently undergoing the CARF accreditation process; will this be accepted in lieu of NCQA?	All Offerors submitting a proposal in response to this RFP shall adhere to the NCQA Health Plan Accreditation requirements as outlined in Section 3.2.3.

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
3.2.4 Prohibited Affiliations with Entities Debarred by Federal Agencies	19	Consistent with DMAS' guidance during the question and answer period in connection with RFP 2016-01 Request for Proposal for Managed Long Term Services & Supports Program (see RFP 2016-01 Addendum 3, Attachment 1, Vendor Questions and Answers, Question Number 170), please confirm that Offerors are required to provide only their own Disclosure of Ownership and Control Interest Statement (CMS 1513) in response to this RFP and that such disclosures from subcontractors are not required to be submitted with the proposal.	The Department requires submission of only the Offerors own ownership and control disclosures.
	20	This section requires that the Offeror provide with its bid a completed Disclosure of Ownership and Control Interest Statement (CMS 1513). We were unable to locate this form on the Department's site. Please provide a copy of this form or indicate where it can be found. Also, please confirm that this form would be excluded from the page limit requirement for section 3.2, which is only 10 pages (see table in section 9.6, page 117).	This form is available at http://www.dmas.virginia.gov/Content_attachments/m4/cms_1513_(5-86).pdf and is exempt from page limits as indicated in the Guidance on Page limits in Section 9.6
	21	RFP states "In response to this RFP and on an annual basis, the Offeror shall provide the required information using the Disclosure of Ownership and Control Interest Statement (CMS1513)". Is the Disclosure form included in the page limit of 10 for section 3.2? Can the Disclosure form be submitted as an Attachment?	The CMS 1513 is excluded from page limits as indicated in the Guidance on Page Limits in Section 9.6.
3.2.5 Corporate Structure	22	Element 4 in this question requests the Offeror to disclose the "organizational affiliations" of the members of its board of directors. Please confirm that in this context "organizational affiliation" refers to the entity that employs the board member and any entity in which the board member holds an ownership interest of 5% or greater. If not, please clarify what types of affiliations should be disclosed.	Yes, the Department requires ownership interest if 5% or greater and the board member's affiliations, i.e., their employer. Example: Board member Sam Smith is VP of ABC, Inc.
	23	Please confirm both the organizational chart and the annual report to the Board of Directors requested in this section would be excluded from the page limit requirement for section 3.2, which is only 10 pages (see table in section 9.6, page 117).	Confirmed. The annual report is exempted per Guidance to Page Limits in Section 9.6

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
3.3 Staff for Virginia Operations	24	To ensure an efficient, consistent, and seamless approach to the implementation and operations of both the Medallion 4.0 and CCC Plus MLTSS programs, please confirm the Project Director for Medallion 4.0 can be the same person as the Project Director for the CCC Plus MLTSS program.	While DMAS recognizes and understands the organizational structure of having one Medicaid product CEO across both the MEDALLION 4.0 and MLTSS programs, if the Offeror chooses this option, the Department expects a high level director to be focused on MEDALLION 4.0. In response to this RFP, Offerors shall fully explain and justify this CEO and project director arrangement and relationship.
	25	Please confirm that current staffing requirements applicable to current Medallion 3.0 and FAMIS populations are the same as those outlined in this RFP. Please confirm that if there are changes considered to the staffing requirements related to these populations relative to current basis, they will be considered in actuarially sound premium rate development as an explicit corresponding adjustment.	Yes, some of the staffing requirements are different. The draft MEDALLION 4.0 Contract and requirements, along with the draft rate book, will be discussed during negotiations with selected Offerors.
	26	Please define rapid-cycle decision making.	Decision that can be made quickly, e.g., the Governor requires an answer within 24 hours.
	27	Is the MEDALLION 4.0 Contract available? If not, could you please provide us with "all standards and procedures regarding receipt, processing, and transmission of program data and information."	The draft MEDALLION 4.0 Contract and requirements, along with the draft rate book, will be available during negotiations with selected Offerors.
	28	It's our understanding that the MEDALLION 4.0 Project Director is required to be 100% dedicated to the MEDALLION 4.0 program, with no other shared responsibilities within the Offeror's organization in Virginia managing Medicaid programs, whereas additional required roles may be shared/supporting roles from within the Offeror's organization. Please confirm that our understanding is correct.	See response to 27
	29	Section is written to appear to indicate Care Coordination for 100% of the population. In a TANF population, there is a large segment of Community Well that does not require Care Coordination. Please confirm intent.	Community Well populations include individuals who have limited or no current medical or behavioral health needs, but may have needs in the future. The vulnerable populations indicated in Section 3.3 is a subset of the MEDALLION 4.0 population. A vast majority of children are Community Well and will not require care coordination. Contractors shall identify and monitor those members classified as vulnerable and members with high-utilization or emerging high-risk factors.
	30	Is the requirement that 100% of the population stay in care coordination?	See response to Question 29
	31	Can the state clarify emerging, high risk populations other than vulnerable? Is "Community Well" included in this population? What are the staffing levels for this population?	See response to Question 29
	32	Could DMAS please confirm that healthy individuals with low health risks/needs would be considered neither Vulnerable Subpopulations nor Emerging High Risk Populations? It is our assumption that there	See response to Question 29

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
		would be a third membership category that generally healthy and low risk individuals would fall into; please confirm.	
	33	Could DMAS please confirm that only members who accept care coordination will be counted towards the mandatory staffing ratios, and members who decline or do not accept care coordination will not?	Confirmed.
	34	Section 3.3 (page 42) and Section 4.1.3 (page 78) of the RFP appear to contain identical requirements, asking the offeror to describe how it will identify and monitor members classified as vulnerable subpopulations and members with high-utilization or emerging high-risk factors. Please consider deleting the requirement from one of these sections. Alternatively, may the offeror cross reference in its response to one of these sections to its response to the other section?	Yes, the Offeror may combine and cross reference the response, however they shall note that the answer is for both sections.
3.5 Call Center	35	Can DMAS confirm that the quarterly call center performance standards are excluded from the page limits for this section?	Actual/Sample reports are excluded per Guidance on Page Limits in Section 9.6
3.5.1 General Call Center Components	36	Is it permissible for an agency to establish a call center for purposes of the RFP? If there is no existing call center operations, will the agency be automatically excluded?	All health plans shall establish and operate a call center as required in Section 3.5.
3.6.1 Intelligent Assignment Process	37	Intelligent Assignment Process Is DMAS going to use this logic for the original distribution of membership on the Medallion 4.0 go-live date? Or just during the monthly member assignment process	The process described in the RFP represents the default Medallion assignment algorithm that will be used during the Initial assignment by region and for routine monthly processing. Initial regional assignments will also enforce minimum and maximum enrollment thresholds for each MCO within each region.
3.6.2 Enrollment File	38	Regarding this sentence: "The member's coverage begin date will depend upon whether Medicaid eligibility and/or health plan change information is entered/uploaded into VAMMIS on or before the 18th or on or after the 19th of the month." Shouldn't this sentence read: "The member's coverage begin date will depend upon whether Medicaid eligibility and/or health plan change information is entered/uploaded into VAMMIS on or before the 18th OF THE CURRENT MONTH or on or after the 19th of the PRIOR month."?	Yes.
3.6.3 Open Enrollment	39	Please provide the annual enrollment periods for each region.	In alignment with CCC Plus, the MEDALLION 4.0 program will operate in six regions vs. the current seven under Medallion 3.0. As a result, the new annual open enrollment periods will be established in the MEDALLION 4.0 Contract.

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
3.6.4 Information Requirements Upon Enrollment	40	The RFP states that a provider network listing shall be provided to new individuals upon enrollment. It further states that Offerors shall submit copies of the noted information currently provided to new Medicaid members. We do not currently provide a printed copy of the entire network to new members; we provide members information on how to access the on line provider directory (which has the capability to print out portions of the network that meet the member's search criteria). For the RFP response, are we able to provide a sample or portion of the provider network listing?	Yes, the Offeror may provide a sample or portion of the provider network listing, however, Offerors shall provide the information given to members on how to access the on line provider directory.
	41	RFP Section 3.6.4 requires Offerors to submit copies of a member handbook, provider network listing, identification card, and information regarding how to access and/or request a provider directory. Please confirm that these items are considered "tools" or "reports" as listed on RFP page 118 and are therefore excluded from the three-page limit for this section. Additionally, due to the size of these documents, may Offerors submit these items electronically only?	Confirmed. They are considered tools and excluded from page limits as indicated in Section 9.6. Yes, Offerors may submit these documents electronically, however in addressing this section, Offerors shall note that the documents were submitted in an electronic format.
	42	Please explain the difference between the "provider network listing" and "provider directory" required in RFP Section 3.6.4, Information Requirements Upon Enrollment?	These terms are the same.
	43	Please confirm the member handbook, provider network listing and other documentation requested in the last sentence of this section would be excluded from the page limit requirement for section 3.6, which is only 3 pages (see table in section 9.6, page 117).	See response to Question 41
	44	Section 3.6.4 requires that new enrollees be provided both "a provider network listing" and "information regarding how to access and/or request a provider directory." Please clarify the difference between the provider network listing and the provider directory.	See response to Question 42
	45	Can DMAS confirm that the sample provider network listing, id card, and information on how to access/request provider directory are exempted from the page limits for this section?	See response to Question 41
3.9.3 Provider Network Adequacy and Submission	46	Please confirm the offeror should only provide one network submission file in response to this requirement as compared with separate network files for each region or provide instructions for how to submit individual network files.	Offerors should submit one consolidated network file containing all regions that are being bid by the Offeror.
	47	Can DMAS confirm that LOIs and copies of signed contracts are excluded from the page limits for this section?	Per Section 3.9.3, The Offeror must indicate this distinction (LOI vs. signed contract) for each submitted provider. The Offeror does not need to provide actual copies of signed contracts in response to this RFP. Such documents must be available to the Department upon request.

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
3.9.12 Provider Trainings	48	Can DMAS confirm that the provider training plan requested in this sub-section is excluded from the page limits for the section?	Confirmed. The provider training plan shall be submitted as an attachment outside of page limits.
	49	The RFP requires that Offerors also shall submit a plan that outlines provider training activities by region. Will the State please confirm that the plan may be submitted as an attachment, outside of the page limits specified for Section 3.9?	See response to Question 48
3.9.13 Provider Advisory Committee	50	The RFP requires Offerors to provide samples of provider advisory committee activities conducted in Medicaid state programs that are similar in scope and population to those listed in this RFP. Will the State confirm the samples may be submitted as an attachment, outside of the pages limits specified for Section 3.9?	Confirmed. The sample provider advisory committee activities shall be submitted as an attachment outside of page limits.
3.10 Quality	51	RFP states "The Contractor's QI program and work plan shall align with the Virginia Medicaid Quality Strategy (currently under development)." Please elaborate on the expectation for submission with RFP giving the strategy is not yet available? Should we use the one that is currently in place?	This requirement is related to activities of the Contractor, not the Offeror, however Offerors shall provide assurances to align their QI program and work plan with the Virginia Medicaid Quality Strategy once it is developed.
3.10.1 Quality and Program Evaluations	52	Please indicate if offerors should expect a draft or final copy of the Virginia Medicaid Quality Strategy to be posted prior to the RFP due date. If one will not be made available prior to the RFP due date, please consider sharing any relevant documents current MCOs have received on the Virginia Medicaid Quality Strategy.	See response to Question 51 The Virginia Medicaid Quality Strategy currently is under development and will not be available prior to RFP due date.
3.10.2 Quality Improvement Program	53	Please clarify if it is the intention of DMAS to have the MCO submit and manage 6 separate regional QI plans or 1 QI plan that addresses the unique issues of each region?	Offerors shall submit one QI plan but may be separate it by regions and quality activities.
3.10.4 MEDALLION 4.0 Quality Measurement Reporting Requirements	54	Please define "family-centered care" as it is used in RFP Section 3.10.4.	The term "family-centered care" is deleted.
	55	The RFP states that "Contractors shall report on all NCQA adult and child core measures." Will the state please clarify whether they intend 1) all measures in the CMS-sponsored Adult and Child Core Sets for Medicaid/CHIP, 2) the subset of measures in the CMS-sponsored Adult and Child Core Sets for Medicaid/CHIP that are from NCQA's HEDIS measures, 3) all NCQA HEDIS measures, or 4) something else?	This requirement is related to activities of the Contractor, not the Offeror, and may be discussed during negotiations, however Offerors shall provide assurances to report on NCQA measures outlined in the MEDALLION 4.0 contract.

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
3.10.5 MEDALLION 4.0 Program Evaluation Activities	56	Section 3.2.3 requires that Offerors submit their VA NCQA accreditation level in response to the RFP ("Offerors accredited by NCQA for the Virginia Medicaid line of business at the time of proposal submission shall submit verification and its most NCQA accreditation level in response to this RFP.") Please confirm the Commonwealth is only requesting Virginia Medicaid-specific NCQA information in response to RFP Section 3.10.5.	In response to Section 3.10.5, Offerors shall provide all information listed under the heading <u>NCQA Accreditation Quality Management and Improvement</u> , which may include non-Virginia information.
	57	Section 3.10.5 requires offerors to submit a chart that indicates, among other things, "any deficiencies noted within the previous three years by NCQA." We are interpreting "deficiencies" to refer to any element on a health plan's NCQA Health Plan Survey in which the health plan failed to receive the full points available. Please confirm this interpretation. If this interpretation is not correct, please clarify what should be disclosed as a "deficiency" for this requirement.	This interpretation is correct.
	58	RFP states "Offerors, in response to this RFP, shall submit the most recent two (2) years of EQRO reports from up to two (2) Medicaid state programs." Are these EQRO reports included or excluded from the page limit for Section 3.10 Quality?	Yes, the EQRO reports are excluded from page limits as indicated in the Guidance on Page Limits in Section 9.6.
	59	Is it acceptable to submit the "Audit Review Table" summary tab of the required IDSS file(s) in lieu of the entire workbook? This will save many hundreds of printed pages.	Yes.
	60	Please confirm that the copy of the auditor-locked IDSS from the most recent HEDIS audit should be submitted as an attachment and is excluded from the 15 page limit.	Confirmed.
	61	Please confirm that the copies of CAHPS reports should be submitted as an attachment and is excluded from the 15 page limit.	Confirmed.
3.10.6 HEDIS Measures	62	RFP states "Offerors, in response to this RFP, shall submit HEDIS performance reports for the past three (3) years for Medicaid state contracted programs that are similar in scope and population to this RFP." Are these HEDIS reports included or excluded from the page limit for Section 3.10 Quality?	Yes, the HEDIS reports are excluded from page limits as indicated in the Guidance on Page Limits in Section 9.6.
	63	The RFP requires "Offerors to submit HEDIS performance reports for the past three years for Medicaid state contracted programs that are similar in scope and population to this RFP." Is the HEDIS IDSS file the intended report? If not, please clarify the type of data being sought. Is there a limit to the number of state programs requested or must the Offeror supply data from all Medicaid affiliates?	Correct. Offerors shall provide, for any state Medicaid contracted program, a copy of the auditor-locked interactive data submission system (IDSS) for the past three years' HEDIS audits.

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
	64	Please confirm that the copies of the HEDIS performance reports should be submitted as an attachment and excluded from the 15 page limit.	See response to Question 62
3.11 Meetings	65	Will the Commonwealth please clarify as to what information the Offeror is required to submit in response to section 3.11?	Offerors shall provide assurances to attend meetings as indicated in Section 3.11
	66	Section 3.11 does not include a specific request for information from the offeror. However, the table in section 9.6 (page 116) provides page limits for the response to this section. Please clarify the requirements for the offeror's response to this section.	See response to Question 65
	67	DMAS allows 3 pages for Section 3.11. Yet, there is no clear question to answer as this section reads more like a requirement that must be acknowledged and followed. Please clarify the question that should be addressed.	See response to Question 65
3.13.2 DMAS Compliance Monitoring	68	Section 3.13.2 requires Offerors to submit the names of the state Medicaid programs in which the Offeror was required, at any point during the contract, to submit a MIP and/or a CAP and the outcomes. Considering many Offerors have contracts that have existed for nearly 20 years, will the Commonwealth consider limiting the timeframe of this request to 36 months, which is consistent with the timeframe required in response to section 8.3, Compliance History?	Yes. This requirement is changed to 36 months and shall include the periods of June 1, 2014 through May 31, 2017.
	69	Will the Commonwealth apply the same 36-month look-back period to RFP Section 3.13.2 that is described in the three bullet points at the end of RFP Section 8.3?	See response to Question 68
	70	This section instructs the Offeror to disclose information regarding any MCO Improvement Plans or Corrective Action Plans the Offeror was required to submit at any point during the contract. Because section 8.3 requires disclosure of CAPs issued against the Offeror, its parent and sibling organizations, we interpret the section 3.13.2 disclosure to be limited to actions against only the Offeror. Could you confirm that interpretation? Also, please confirm that this list would be excluded from the page limit requirement for section 3.13, which is only 10 pages (see table in section 9.6, page 117).	Confirmed. The Offeror shall submit actions against the Offeror directly, not parent or sibling organizations.
SECTION 4.0 BENEFITS AND SERVICES REQUIREMENTS			
4.1 Eligibility	71	DMAS has provided a 1-page limit for this section. We respectfully ask DMAS to consider increasing the page limit to 3.	Agree. The page limit requirement is revised to a limit of 5.

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
4.1.3 Members with High-Utilization or Emerging High-Risk Factors	72	Quantitative and analytic methods for identification, monitoring, and management of high-risk members can be complex and involved. To provide a responsive description to the requirement, we ask that DMAS increase the page limit for this response to three (3) pages.	See response to Question 71
4.3.1 Coordination and Continuity of Care	73	Section 4.3.1 on page. 83 states, "Communication for Members with Disabilities - require contracted providers to ensure that members with disabilities have effective communication with health care system participants in making decisions with respect to treatment options." Please define the term "health care system participant."	Correction. "Participants" is revised to "providers"
4.4.3 Member Healthy Incentives	74	Can DMAS confirm that the healthy incentives plan requested in this sub-section is excluded from the page limits for Section 4.4?	Confirmed. This is considered a work plan and excluded from page limits as indicated in Section 9.6.
	75	Is there an annual total cap for Member Healthy Incentives in addition to the \$50 limit specified per medical goal?	There is an annual cap of \$50.00
4.5 Additional Requirements	76	If an Offeror does not conduct business in a Medicaid market that has required an annual report as described in 4.5.1 and therefore does not currently or has not yet submitted an annual report that meets the specific requirements in 4.5.1, can the Offeror provide other types of reports and/or information that describes actions taken to target and prevent inappropriate use of controlled substances?	Yes.
4.5.3 Prescription Drug Rebates	77	Regarding the sentence: "The required reporting format and data elements will be included in the MEDALLION 4.0 Reporting Manual." We assume that the MEDALLION 4.0 Reporting Manual has not been released yet – and will not be released until after submission of MEDALLION 4.0 Proposals. Are we correct in our assumption? If not, please clarify.	Yes. The draft MEDALLION 4.0 Reporting Manual will be available during negotiations with selected Offerors.
4.5.5 Long Acting Reversible Contraception (LARC) Utilization and Reimbursement	78	Are LARCs covered under the Medical benefit vs. the Pharmacy benefit?	DMAS currently covers select LARCs under the pharmacy benefit and medical benefit. Only "preferred" LARCs on DMAS Preferred Drug List are covered under the pharmacy benefit. ALL LARCs are covered under the medical benefit.
4.5.7 Patient Utilization Management & Safety (PUMS)	79	"The Contractor shall use the triggers specified by DMAS" – Please identify the triggers used by DMAS.	Information will be available in the MEDALLION 4.0 Contract. Offerors may refer to current information in the Medallion 3.0 Contract as listed in the Cover Letter of this RFP.
	80	"The Contractor...is encouraged to use the Commonwealth's Prescription Monitoring Program (PMP)..." – Please provide detailed information about the Commonwealth's Prescription Monitoring	Information is available at https://www.dhp.virginia.gov/dhp_programs/pmp/pmp_desc.asp

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
Program for Members		Program.	
SECTION 6.0 FINANCIAL REQUIREMENTS			
6.0 Financial Requirement	81	Section 6.6 states: Offerors, in response to this RFP, shall demonstrate an understanding and experience of each of the provisions outlined in Section 6 in a Medicaid contracted state program similar in scope to this RFP. What are the response expectations for sections 6.1 through 6.6, and are the responses to these sections page-limited?	The Offerors response shall demonstrate an understanding and experience of each of the provisions outlined in Section 6 in a Medicaid contracted state program similar in scope to this RFP. There are no page limits for Section 6.0.
	82	Section 6.6 requires Offerors to “demonstrate an understanding and experience of each of the provisions outlined in Section 6”; however, the proposal instructions do not include specific information that should be provided and the page limits table in Section 9.6 (page 117) omits Section 6. Does the state wish Offerors to respond to Section 6? If so, is there an applicable page limit?	See response to Question 81
	83	DMAS has not provided page limits for this section. We respectfully ask that DMAS consider a page limit of 6.	See response to Question 81
6.6 Incentives and Withholds	84	RFP states "Offerors, in response to this RFP, shall demonstrate an understanding and experience of each of the provisions outlined in Section 6 in a Medicaid contracted state program similar in scope to this RFP." This requirement is not listed in the Table on pg. 117. Can DMAS please clarify this submission requirement and page limit, if applicable?	See response to Question 81
SECTION 7.0 INFORMATION MANAGEMENT SYSTEMS REQUIREMENTS			
7.1, 7.3, 7.4, 9.6 CMS Requirements of Seven Conditions and Standards Security Compliance/ Audit Management Business Continuity and Disaster Recovery	85	Sections 7.1, 7.3, and 7.4 are not included in the page limits in section 9.6, and it is not clear how Offerors should respond. Are responses to these RFP sections expected from Offerors? If so, what are the response expectations, and are the responses’ page-limited?	Section 7.0 page limits are removed, however, Offerors shall be brief, concise, and efficient in your responses to the entire section.

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
7.1 CMS Requirements of Seven Conditions and Standards	86	The last sentence in this section says: "Offerors shall highlight how its organization will align with the MITA 3.0 framework and comply with the MITA Conditions and Standards." However, Section 9.6 (page 117) does not list 7.1 as part of the Offeror's response. Our assumption is that offerors must address this sentence as part of their response to Section 7.2. Are we correct in our assumption? If not, please clarify.	See response to Question 85
	87	DMAS has not provided page limits for this sub-section. We respectfully ask that DMAS consider a page limit of 3.	See response to Question 85
	88	Page 117 Page Limits. Section 7.1 is not listed in the matrix. Are we to assume there are no page limits for the response?	See response to Question 85
7.2 State Technology Standards	89	Please confirm the state is requesting offerors to demonstrate understanding of and experience related to Virginia's Technology Standards in this section. Given the two-page limit for the response to section 7.2, please indicate the level of detail DMAS is seeking when it asks Offerors to "address" each of the 26 Technology Standards listed in Attachment D.	See response to Question 85
	90	Please clarify the submission requirement for this Section.	See response to Question 85
7.3 Security Compliance/ Audit Management	91	DMAS has not provided a page limit for this sub-section. We respectfully ask that DMAS consider a page limit of 15	See response to Question 85
	92	Page 117 Page Limits. Section 7.3 is not listed in the matrix. Are we to assume there are no page limits for the response?	See response to Question 85
7.4 Business Continuity/ Disaster Recovery	93	DMAS has not provided page limits for this section. We respectfully ask that DMAS consider a page limit of 10.	See response to Question 85
7.4.1 Business Continuity/ Disaster Recovery	94	Regarding the sentence: "The Contractor shall provide a copy of its BC/DR Plan for the technology and infrastructure components as well as for the business area operations continuity and contingency plan." We assume that Offerors do not need to submit a BC/DR Plan as part of the proposal. Rather, we assume that Offerors who become Medallion 4.0 Contractors will submit the BC/DR Plan to DMAS. Are we correct in our assumption? If not, please clarify.	Correct.
7.5 Data Exchanges	95	DMAS has provided a page limit of 2 for this sub-section. We respectfully ask that DMAS consider a page limit of 4 so that we may respond to all part of the sub-section adequately.	See response to Question 85

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
7.5.3 Data Interfaces Sent to and received from DMAS	96	We assume that “Inbound Interface” means files going FROM the Contractor TO DMAS, and we assume that “Outbound Interface” means files going FROM DMAS TO the Contractor. Are we correct in our assumption? If not, please clarify.	Yes. ‘Inbound Interfaces’ are transmitted from the Contractor to DMAS. ‘Outbound Interfaces’ are transmitted from DMAS to the Contractor.
	97	“Service Authorization in a file format to be outlined in the MEDALLION 4.0 Contract” – Please provide the MEDALLION 4.0 MTR (Service Authorization Information) data elements and file format.	The draft MEDALLION 4.0 MTR will be provided to those selected Offerors during negotiations, however a sample of the older version is available on line at http://www.dmas.virginia.gov/Content_pgs/mc-rpt.aspx Selected Offerors must adhere to any new requirements and elements for the MTR under the MEDALLION 4.0 program.
	98	“Clinical and care coordination data in a file format to be outlined in the MEDALLION 4.0 Contract” – Please provide the Clinical and care coordination related data elements and file format.	This information will be provided to those selected Offerors during negotiations
	99	“Medical Transition Report, including service authorizations, and claims data, in a frequency and file format to be outlined in the MEDALLION 4.0 contract” – Please provide the Medical Transition Report including service authorizations and claims data, along with related documents.	See response to Question 97
	100	“The Contractor shall demonstrate controls to maintain data integrity” – Please provide data integrity language from the CCC+ program with which each MCOs Medallion 4.0 program is expected to align.	All requirements will be included in the draft MEDALLION 4.0 Contract and shared with selected Offerors at the time of negotiations. Offerors shall commit to enhancing data acquisition, capacity, and aligning with CCC Plus.
SECTION 8.0 PAST EXPERIENCE			
8.1 Overview of Relevant Experience	101	Will the Commonwealth please confirm that the Offeror’s experience response be limited to populations similar to those in Medallion 4.0?	Yes, it is important to DMAS that the Offeror have experience in the MEDALLION 4.0 populations as outlined in the RFP.
	102	Element #4 of Section 8.1 requests Offeror provide "Average program enrollment size by city/county within the region(s) the Offeror operates". Assembling this information by city or county would be tremendously time consuming with little benefit to the state. In addition, the example provided simply states "1,200 individuals". Please confirm that Offeror may provide enrollment by state rather than by city/county.	Offerors shall provide enrollment by state, however, if the Offeror is not covering the entire state, they shall specify the regions and the volume per region.
8.2 Past Experience and References	103	Section 9.6 notes a 10-page limit for section 8.2 and that past experience examples should be limited to 2-pages each. This implies that the 4 required references be limited to one page or less each. Is this implication correct or can references be excluded from page limits?	References are excluded from page limits as outline in Section 9.6.
8.2.1 Past Experience	104	Please confirm that past experience examples as explained in 8.2.1 apply only to governmental state Medicaid clients and not members or providers	Offerors shall demonstrate Medicaid health plan experience.

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
Examples	105	Section 8.2.1 asks Offeror to disclose the "Contract type" for each past experience example. Does "contract type" refer to whether a contract is capitated (risk-based) or fee-for-service (administrative)?	MEDALLION 4.0 is a risk based, capitated program therefore the Department is looking for relevant program experience. Offerors shall note if the contract is capitated or fee-for-service.
	106	Section 8.2.1 asks Offeror to disclose "legal or adverse contractual actions against the Offeror related to the project" for each past experience example. Given the requested disclosure in section 8.3, could the Department clarify what types of actions should be included here? We interpret this to be litigation between Offeror (or its affiliate) and the client or other actions of a similar magnitude. Is that interpretation correct? Also, please confirm that this disclosure would relate to the preceding 36 months as consistent with Section 8.3	Confirmed.
8.3 Compliance History	107	Regarding the second and third paragraphs of the Compliance History section on Page 112: is the offeror required to include non-compliance for non-Medicaid lines of business of the parent company and sibling organizations?	Offeror shall include information only for Medicaid and/or CHIP health plan line of business including any TPA relationships, any partnerships, or financial arrangements.
	108	Will the Commonwealth please confirm that compliance history should include parent and sibling organizations, including hospitals?	See response to Question 107
	109	The initial part of RFP Section 8.3 limits Offerors' disclosures of non-compliance to Medicaid-only lines of business, excluding Medicaid-Medicare duals contracts. Do "Medicaid only lines of business" include CHIP?	See response to Question 107
	110	The initial part of this RFP Section 8.3 limits Offerors' disclosures of non-compliance to Medicaid only lines of business, excluding Medicaid-Medicare duals contracts. The next sentence requires Offerors to include the average number of lives "covered by the organization, parent organization, or sibling organization" during a specified time period. In addition, the second paragraph states, "Offeror shall include non-compliance for itself, its parent organization, and sibling organizations..." Some Offerors, their parent organizations, and/or sibling organizations conduct lines of business other than Medicaid. Please confirm the entirety of Section 8.3 is limited to areas of non-compliance related to the Medicaid-only lines of business of the Offeror, its parent organization, and sibling organizations and that nothing in this section is intended to extend Offerors' responses beyond Medicaid lines of business.	See response to Question 107
	111	RFP Section 8.3, Subpart f, relating to terminations and non-renewals is included in the Compliance History section where the Offeror is to list the "types of non-compliance issued," including "terminations and non-renewals." Consistent with DMAS' response to the same	No. Offerors shall indicate terminations and shall state the reason(s) for termination.

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
		question during the question and answer period in connection with RFP 2016-01 Request for Proposal for Managed Long Term Services & Supports Program (see RFP 2016-01 Addendum 3, Attachment 1, Vendor Questions and Answers, Question Number 226), please confirm that for Section 8.3(f)(i-iii), the Commonwealth is seeking only terminations and non-renewals of Medicaid contracts with a state or federal agency where the termination or non-renewal was the result of some poor performance or non-compliance on the part of the contractor.	
	112	Please confirm the definition of "Disruptive Mutual" for purposes of this RFP is the same as the definition DMAS provided during the question and answer period in connection with RFP 2016-01 Request for Proposal for Managed Long Term Services & Supports Program, which stated, "Disruptive terminations put stress on members and/or federal and state programs by providing less than the contractually required notice to effectuate a smooth transition." See RFP 2016-01 Addendum 3, Attachment 1, Vendor Questions and Answers, Question Number 225.	Confirmed.
	113	Please confirm that Offerors should include in their Compliance History non-compliance in Medicaid lines of business that serve dual eligibles if those lines of business also serve populations that would be served under MEDALLION 4.0.	Confirmed, if it is part of the Offeror's Medicaid line of business.
	114	Section 8.3 indicates that the lookback period is within 36 months of the proposal deadline. This does not allow for the time necessary to finalize proposals, perform quality review and internal certifications, print and collate proposals, deliver proposals, etc. Could the 36 month period end at an earlier point, for example a month before the proposals are due? If not may the Offeror update this disclosure during the RFP review period (the language allows for updates after the RFP review period)?	DMAS, as well as other states, have a lag, therefore, compliance reports should be for the period of June 1, 2014 - May 31, 2017.
	115	Can DMAS define a "sibling organization" for the purpose of compliance history? Does this apply to out-of-state sibling organizations?	Yes it does apply to out-of-state sibling organizations.
	116	For 8.3, Compliance History, would the State change the page limit to "unlimited" as was the case for the MLTSS RFP.	Page limit for Section 8.3 is removed.
SECTION 9.0 PROPOSAL INSTRUCTIONS			
9.5 Specific Instructions	117	The RFP states that "Offerors must respond to all sections of this RFP." Please confirm that DMAS expects responses only to those sections listed on page 115. For instance, Section 2.0 Glossary, does not require a response/affirmation.	DMAS does not expect a response to Section 2.0

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
	118	<p>Specific instructions, pg. 115, reads that “All information requested in Sections 1.6, 1.9, 3.0 through 9.0 of this RFP shall be submitted in the Offeror’s proposals.”</p> <ol style="list-style-type: none"> 1. Please clarify what is expected in the response to section 1.6. Also, Section 1.6 is not included in the list of elements in the table on page 117 of the RFP. Please indicate whether any page limit applies to the section. 2. Several elements in the range of Sections 3.0 through 9.0 are omitted from the table of response elements on page 117 of the RFP. Please indicate whether a response is required for these missing elements, and if so, whether there is a page limit for these responses. 	See response to Question 2
	119	The beginning of Section 9.5 indicates that “All information requested in Section 1.6, 1.9, 3.0 through 9.0 of this RFP shall be submitted in the Offeror’s proposals.” However, sections 1.6, 6.0, 7.1, 7.3, 7.4, and 9.0 do not have assigned page limits. Does DMAS expect Offerors to submit narrative responses to each of these sections? If so, are there page limits for each of these sections?	This is addressed in responses throughout these Q&As therefore Offerors shall adhere to the revised requirements.
9.6 Proposal	120	Section 9.6 of the RFP states that “Offerors must respond to all sections of this RFP.” However, not every section from Section 1.0 – Section 12.5 of the RFP is conducive to a response. We note that Section 1.6 indicates that proposals must be “in the format outlined in Sections 3.0 through 8.0” in order to be considered and Section 9.5 states that “all information requested in Sections 1.6, 1.9, 3.0 through 9.0 of this RFP shall be submitted in the Offeror’s proposals.” Section 9.0, however, gives instructions regarding proposal submission but does not contain any requests for additional information. So that Offerors provide the Department with the information it needs to evaluate proposals without burdening the Department with unhelpful information, please confirm that an Offeror’s proposal need not contain a response to any of the following sections: 1.0-1.5; 1.7; 1.8; 2.0-2.2; 9.0-10.4; 11.0-12.25.	See response to Question 1
	121	Section, 9.6 indicates that diagrams, flow charts, tools and sample reports are excluded from the page limits. Please confirm that tables are excluded from the page limits.	Confirmed
	122	Please clarify what page limit rules apply, or if there are no page limit rules, with respect to sections not delineated on the page limit table in section 9.6 (page 117).	This is addressed in responses throughout these Q&As therefore Offerors shall adhere to the revised requirements.
	123	Please confirm that offerors can submit additional attachments not noted in the Page Limits guidelines.	Confirmed

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
	124	The special instructions note a few attachments that are not included in the page count but omit mention of many other attachments that are required by the RFP, some of which are lengthy. Please confirm that wherever the RFP requests an attachment it is excluded from the page count for that section.	Confirmed
	125	Please confirm that the special instruction indicating that resumes be no more than two pages but are excluded from the page count applies to the Section 3.3 page count rather than section 3.2.	Confirmed for both 3.2 and 3.3
	126	The page limit listed for RFP Section 4.1 is (1). Will DMAS consider expanding the page limit to allow bidders to provide more comprehensive answers? A very similar question was added in the MLTSS RFP and the page limit was (4).	See response to Question 71
9.6 Guidance on Page Limits	127	The table on page 118 in section 9.6 says that flow charts and diagrams are not included in the stated page counts. May Offerors submit additional material to support our response (e.g., exhibits, diagrams, and samples) even in sections of the proposal where the RFP has not explicitly advised to do so? If so, can Offerors assume these supporting materials are excluded from the page limit?	Yes.
SECTION 10.0 PROPOSAL EVALUATION CRITERIA			
10.4 Negotiation and Award	128	In reference to 10.4, please provide details on the extensive readiness review requirements anticipated during negotiations and related target dates. If such information is not provided prior to negotiations will the state confirm that they will be provided such details during negotiations and have the time to meet such requirements?	Yes.
10.5 Readiness Review and Signing of Contract	129	Please confirm that Offerors are required to respond to the requirements on pages 125-126 in section 10.5. If so, what are the response expectations, and are the responses to this section page-limited?	Confirmed. Offerors in response to the RFP shall provide a comprehensive plan to achieve operational readiness. Section 10.5 is excluded from page limits.
	130	RFP section 9.5, page 115, states that proposals must include all information requested in RFP sections 1.6, 1.9, 3.0 through 9.0; however, RFP Section 10.5, page 125, states "In response to this RFP, the Offeror shall describe its comprehensive plan to achieve operational readiness in each region proposed...." Please confirm the Offeror is not required to respond to RFP Section 10.5 since it is not included in those sections identified in Sections 9.5 and 9.6, respectively, as requiring a response and inclusion in the proposal.	Offerors in response to the RFP shall provide a comprehensive plans to achieve operational readiness as indicated in Section 10.5.
	131	For the purposes of developing the project plans in 10.5, please provide estimated target dates for initial contract award and final contract signing.	While exact dates will not be provided at this time, DMAS anticipates signing contracts December 2017

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
	132	Implementation plans are frequently lengthy and memorialized in Excel spreadsheets that do not easily format for printing. May Offerors submit the project plans requested in Section 10.5 in electronic form only?	Yes, Offerors may submit these documents electronically, however in addressing this section, Offerors shall note that the documents were submitted in an electronic format.
	133	Section 10.5 requires the Offeror to “describe its comprehensive plan to achieve operational readiness in each region”; however, Section 10.5 is not included in either list of sections to be included in the Offeror’s technical response (see Section 1.6 and Section 9.5). In addition, the page limits table in Section 9.6 (page 117) omits Section 10.5. Does the state wish Offerors to respond to Section 10.5? If so, is there an applicable page limit?	See response to Question 129
	134	Please provide clarification regarding DMAS’ definition of Subcontractor.	As indicated in Section 2.0, a subcontractor is a State approved entity that contracts with the Contractor to perform part of the Contractor’s responsibilities under this contract. For the purposes of this RFP, the subcontractor’s providers shall also be considered providers of the Contractor. See response to Question 9.
	135	DMAS has not provided a page limit for this sub-section. We respectfully ask that DMAS consider a page limit of 15 (excluding workplans) so that we may provide an adequate response.	See response to Question 129
	136	Section 10.5 includes specific response instructions, but the proposal instructions only allow response to sections 1.6 through 9.0. Please clarify whether a response is required for Section 10.5.	See response to Question 129
SECTION 11.0 TERMS AND CONDITIONS			
11.2.3 Termination	137	If the Offeror is awarded a contract as a result of this RFP, it does not anticipate electing to terminate that contract. Nonetheless, for consistency with the CCC Plus program contract requirements, is the Commonwealth amenable to including the same termination provision as that included in the CCC Plus program contract requirements, which allows the Contractor to terminate the contract with or without cause, upon 180 days advance written notice? Alternatively, please confirm whether the Commonwealth would be amenable to allow Contractors any termination rights; and if so, please describe the termination rights that the Commonwealth would provide to a Contractor.	This will be addressed in the MEDALLION 4.0 Contract discussions during negotiations.
11.2.5 Renewal of Contract	138	Please confirm the six annual renewals are subject to mutual consent, consistent with the Offeror’s right to consent to contract changes in writing, as set forth at Section 12.15, such that if new capitation rates or other factors render the Contract no longer financially viable, Contractors will be permitted to decline an invitation to renew without penalty.	Yes, however this is subject to notification requirements and will be addressed in the MEDALLION 4.0 Contract

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
ATTACHMENTS			
Attachment B Medical Benefits	129	Please confirm that non-emergency transportation and similar such providers are not subject to the same regulatory requirements in their contracts as health care providers.	Confirmed, however there are data submission requirements for all subcontractors.
Attachment C Provider Network Reporting Requirements	140	On page 192 of the RFP we noticed that taxonomy code 261QR1100X was incorrect for Rural Health Clinics. Can this be updated to the correct taxonomy, 261QR1300X, to insure the RHCs are properly accounted for in the network submission?	Correct. The Taxonomy code for RHCs is 261QR1300X.
Attachment D Technology Standards	141	The hyperlink in Requirement ID XXXX-TECH-STND-026 does not appear to work (http://www.vita.virginia.gov/library/default.aspx?id=537?). Could DMAS supply a working link?	The link has been corrected: http://www.vita.virginia.gov/library/default.aspx?id=537
Attachment F Business Continuity and Disaster Recovery	142	Page 199, Attachment F, Requirement ID XXXX-NFR-DR-008. The Contractor shall leverage and use the LAST environment as the Disaster Recovery site. The extent to which the primary site cannot be restored in accordance with SLAs, may determine that the recovery site be considered the new primary site. Will the Department provide clarification on what is meant by the "LAST" environment?	The LAST environment is meant to convey the last known good back-up of PROD from the primary site.
Attachment G Data Exchanges	143	Page 201, Attachment G, Requirement ID XXXX-IS-004. This requirement notes conformance to responsibilities and expectations as describe in the Managed Environment section Exhibit H. There is no other reference to this Section Exhibit in the RFP. Will DMAS be providing a link or copies of this Exhibit for review?	This requirement is deleted from RFP 2017-03.
GENERAL QUESTIONS			
	144	Will DMAS accept bids filed jointly by MCOs that share administration of the plan by geography?	The Department will consider all bids that are submitted within the submission deadlines and meeting submission requirements.
	145	Please clarify that experience described in response to the RFP shall only reflect Medicaid primary members and shall not include Commercial primary or Medicare primary members. If not, which sections may include Commercial or Medicare primary members?	Medicaid and CHIP members.
	146	Given that the Medallion 4.0 contract will not be provided to offerors until negotiations, please confirm that, for purposes of responding to the RFP and demonstrating ability to meet the future 4.0 contract requirements, offerors may use the Medallion 3.0 contract provisions where those provisions are not “superseded” by the provisions and requirements outlined in RFP 2017-03.	Confirmed. Offerors are encouraged to review the 2017-2018 Medallion 3.0 and FAMIS Contracts available under Program Information on the Medallion 3.0 section of the DMAS website at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx for reference and historical purposes. A new contract with requirements will be provided for MEDALLION 4.0.
	147	Will the State provide weights for the evaluations criteria?	DMAS will provide evaluation criteria weights (broad categories) in this addendum. We will release subcategory weights prior to the due

SECTION NAME	#	QUESTION/COMMENT	DMAS RESPONSE
			date and time.
	148	If DMAS would like the formulary included as an attachment, please clarify what format it should be in.	DMAS is not requesting the submission of a formulary with the bidder's response. DMAS will be evaluating and approving formularies for the health plans selected for MEDALLION 4.0 and will provide a template at that time.
	149	Can we get population estimates by city/county and by Program Designation?	Population estimates are provided in Section 1.8 of the RFP however additional information based on city/county is attached. FIPS level counts contain PHI (where county population is less than 20K) and therefore cannot be released without a signed BAA between the Department and the MCOs.
	150	The RFP mentions including flow charts in several sections. Will DMAS allow additional flow charts in other sections and, if so, are they excluded from page counts?	Yes and they are excluded from page limits as outlined in Guidance on Page Limits in Section 9.6.
	151	In the RFP, when the state instructs Offerors to "submit" an item, will these items be considered attachments and excluded from page limits?	Attachments are excluded as outlined in Guidance on Page Limits in Section 9.6.

A signed acknowledgment of this addendum must be received by this office either prior to the due date and hour required or attached to your proposal response. Signature on this addendum does not substitute for your signature on the original proposal document. The original proposal document must be signed.

Sincerely,



Christopher M. Banaszak
DMAS Contract Manager

Name of Firm: _____

Signature and Title: _____

Date: _____